

## COB Carrier Listing File Layout – 10/9/2020

The carrier master file is produced quarterly to identify insurance carriers that cover the Medicaid and Managed Care Organization (MCO) members. The file is formatted as a comma delimited. Listed below is the file layout and the length limits.

Field	Data Type	Length limits	Description
Carrier code	Char	7	A unique identifier assigned to the insurance carrier.
Carrier Name	Char	45	Name of the Insurance carrier
Billing Address (1)	Char	55	Insurance carrier billing address – first line
Billing Address (2)	Char	55	Insurance carrier billing address – second line
Billing Address (3) City	Char	30	City
Billing Address (4) State	Char	2	State
Billing Address (5) Zip code	Num	15	Zip code
Billing Address Phone number	Char	15	Contact number for carrier
Correspondence Address (1)	Char	55	Insurance carrier address – first line
Correspondence Address (2)	Char	55	Insurance carrier address – second line
Correspondence Address (3) City	Char	30	City
Correspondence Address (4) State	Char	2	State
Correspondence Address (5) Zip code	Num	15	Zip code
Correspondence Address Phone number	Char	15	Corporate contact's phone number for the carrier.